



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
COMMISSION ON HUMAN RIGHTS

THIS IS NOT A COMPLAINT

INITIAL COMPLAINANT INTERVIEW FORM

TO AVOID DELAYS, PLEASE ANSWER ALL QUESTIONS.

☐ FEPA
☐ EEOC

Last Name, First, Middle Initial (<i>Mr., Ms., or Mrs.</i>)		Social Security Number	
Street Address		City	State Zip Code
E-mail Address		Preferred Contact Telephone No. (<i>Include Area Code</i>)	Date of Birth
Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your race? (<i>Please choose all that apply</i>) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		What is your National Origin?
Name of company that discriminated against you (<i>employer, union, business, real estate owner, etc.</i>). It is important to list its correct legal name. Look for it on your paycheck stub, W-2 form or on other company documents.			Telephone Number ()
Street Address (<i>Where you work/worked – if employment complaint</i>)		City	State Zip Code
List what type of business this is.		List the Human Resource Director's or the owner's name.	
If this is an employment complaint, then list the <u>approximate</u> number of employees IN MISSOURI.			
Check the reason you were discriminated against (write in your race, age, disability, etc. , when applicable to complaint you are filing). <input type="checkbox"/> Race or Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> National Origin <input type="checkbox"/> Disability (<i>Specify</i>) <input type="checkbox"/> Age <input type="checkbox"/> Retaliation			
Date of most recent act of alleged discrimination. Continuing Action <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you filed this complaint with any other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date filed and agency name.			
Name, address and phone number of someone (<i>other than someone living at the above address</i>) who will always know how to contact you. Name _____ Telephone Number _____ Address _____ Relationship _____			
What relief or remedy do you desire?			
If the organization or person you're complaining about is located within the city limits of St. Louis or Kansas City, check this box. <input type="checkbox"/>			
Signature			Date

Please Complete the Back Also and Return with Complaint Form

CONFIDENTIAL

Please provide the following in writing.

(If you need assistance please call 573-751-3325 and state that you need help in completing the Initial Complainant Interview Form.)

1. Briefly state **when, how and why** you feel that you were treated differently because of a factor, such as age, gender, race, etc.; in other words, something that you cannot change. Identify the **person**, who treated you differently, by his or her name, job title, and if your complaint is about gender, list his or her gender, and if your complaint is about race, list his or her race, and so on.

2. Explain why you believe the adverse act happened because of your protected category (*your sex, age, race, etc.*).

3. Provide the names, titles, and the race (*if your complaint is about race*), or the sex (*if your complaint is about sex*), and so on, of persons who did the same thing as you, but were treated more favorably. State how they were treated in comparison to how you were treated in the same situation.

Use additional pages if necessary. Please return this form to:

Missouri Commission on Human Rights
111 N. 7th Street, Suite 903
St. Louis, MO 63101

or

Teresa Farris
Missouri Commission on Human Rights
P.O. Box 1129
Jefferson City, MO 65102-1129